Parental Permission to Administer
Prescribed Medication

Dear Mrs Darley,

I give permission for the staff of Heacham Junior School to administer prescribed medication to my child as detailed below. I confirm that my child's doctor has stated that it is necessary for the medicine to be taken during school hours.

I confirm that the medication is clearly labelled with my child's name and dosage instructions.

Child's Name: _____

Class: _____

Name of Medication: _____

Dosage: _____

Time(s) to be taken: _____

The medicine is to be taken:

☐ Today only

☐ For _____ days until ___/____/___

☐ Daily until further written notice

Does the medicine need to be stored in a refrigerator? **Y / N**

Will the medicine be:

☐ Left on the school premises or;

☐ Collected at the end of each day

Special Instructions: _____

_____

_____

Signed by Parent/Guardian _____

Name: _____

Date: _____